## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/594119

|  | <del></del>                                    |  |                 |                                     |                  | ·                               |           | <u></u>             | ے /11/                 | 27.       | 711                 |  |
|--|--|--|-----------------|-------------------------------------|------------------|---------------------------------|-----------|---------------------|------------------------|-----------|---------------------|--|
|  |  | CLAIMS   |                 |                                     |                  |                                 |           | SMALL ENT           | TITY                   | OR'       | OTHER SMALL         |  |
| 115  | NATIONAL                                       | STAGE FEES   | . (Colui        | Cotumn 1) (C                        |                  | Column 2)                       | j .       | RATE -              | FEE                    | 1         | RATE                | FEE  |
|  | SIC FÉE  |  | SMALL EN        | SMALLENT. = \$ 150 LARGE 1          |                  |                                 |           | BASIC FEE           | 150°C                  | OR        | BASIC FEE           |  |
|  |  | ·<br>  | Satisfies PCT   |                                     | ner situations = |                                 | EXAM. FEE | 10000               |                        | EXAM. FEE |                     |  |
|  | MINATION FE                                    |  |                 | - 550/5100                          |                  | 100 / \$ 200<br>er situations = |           |                     | 4                      |           |                     |  |
| ŠE/  | RCH FEE  |  |                 | Official Policional Communication   |                  | 250/1 500                       |           | SEARCH FEE          | 2000                   | •         | SEARCH FEE.         |  |
| FEE  | FOR EXTRA                                      | SPEC. PGS.   | minus 100 =     |                                     |                  | / 50 =                          |           | X \$ 125 =          | ·                      | •         | X \$ 250 =          | ·  |
| rot  | AL CHARGEA                                     | BLE CLAIMS   | // minus 20 = . |                                     |                  |                                 |           | X \$ 25 =           |                        | OR        | X \$ 50 =           |  |
| ND   | EPENDENT CL                                    | AIMS   | ( minus 3 = .   |                                     |                  | 3                               |           | X \$ 100 =          | 200,                   | OR        | X \$ 200 =          |  |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR  | ESENT           | NT .                                |                  |                                 |           | +\$ 180 =           |                        | OR        | + \$ 360 =          | ·  |
| * If the difference in column 1 is less than zero, enter "0" in colu |  |  |                 |                                     |                  | lumn 2                          | •         | TOTAL               | 750                    | OR        | TOTAL               | <u>.                                    </u> |
| منترخور المد   |  | CLAIMS AS (Column 1) CLAIMS  | AMENDE          | D - PART<br>(Colum                  | n 2)             | (Coļumn 3)                      | <br>1     | SMALL               | r                      | OR<br>I   | OTHER<br>SMALL E    | NTITY  |
| NTA  |  | REMAINING<br>AFTER<br>AMENDMENT                                      |                 | NUMB<br>PREVIOL<br>PAID F           | ER<br>JSLY       | PRESENT<br>EXTRA                |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAI<br>FEE                       |
| AMENDMENT  | Total .  | •  | Minus           | ••                                  |                  | =                               |           | X \$ 25 =           | -                      | OR        | X \$ 50 =           |  |
| AME  | Independent                                    | •  | Minus           | •••                                 |                  | =                               |           | X \$ 100 =          |                        | OR        | X \$ 200 =          |  |
| ·  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                                     |                  |                                 |           | +\$ 180 =           |                        | OR        | + \$ 360 =          | ·<br>  |
|  | •  |  |                 |                                     |                  |                                 |           | TOTAL ADDIT.        |                        | OR        | FEE                 |  |
|  |  | (Column 1)   | •               | (Colum                              | n 2)             | (Cötumn 3)                      | ٠.        | ·                   | <b>-</b>               |           |                     |  |
| 41B  |  | CLAIMS REMAINING AFTER AMENDMENT                                     |                 | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F | ER<br>JSLY       | PRESENT<br>EXTRA                |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAI<br>FEE                       |
| NOMENT   | Total  | •  | Minus           | . **                                |                  | =                               |           | X \$ 25 =           |                        | OR        | X \$ 50 =           |  |
|  | Independent                                    | •  | Minus           | . ***                               |                  | =                               |           | X\$ 100 =           |                        | OR        | X \$ 200 =          |  |
| 3  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                                     |                  |                                 |           | +\$ 180.=           |                        | OR        | + \$ 360 =          |  |
| •  |  |  |                 |                                     |                  |                                 |           | TOTAL ADDIT.<br>FEE |                        | OR        | TOTAL ADDIT.<br>FEE |  |
| •<br>••  | if the "Highest Ki                             | umn 1 is less than the<br>Imber Previously Pa<br>Imber Previously Pa | ls for in this  | SPACE Is less                       | than 20          | 7, enier 7207.                  | •         | •                   |                        | · .       | •                   |  |

<sup>.</sup> The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.